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PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="text-align: center;"> PTO FEE TRANSMITTAL for FY 2000 <small>Patent fees are subject to annual revision.</small> </div> <div style="text-align: center;"> JUN 25 2001 <small>PATENT & TRADEMARK OFFICE</small> </div>	<div style="text-align: right; font-weight: bold;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application No.</td> <td>09/374,502</td> </tr> <tr> <td>Filing Date</td> <td>August 13, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Qing Ma</td> </tr> <tr> <td>Examiner Name</td> <td>J. Fenty</td> </tr> <tr> <td>Group/Art Unit</td> <td>2815</td> </tr> <tr> <td>Attorney Docket No.</td> <td>42390P6623</td> </tr> </table>	Application No.	09/374,502	Filing Date	August 13, 1999	First Named Inventor	Qing Ma	Examiner Name	J. Fenty	Group/Art Unit	2815	Attorney Docket No.	42390P6623
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TOTAL AMOUNT OF PAYMENT (\$)	110.00												

<div style="text-align: center; font-weight: bold;">METHOD OF PAYMENT (check one)</div> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayments to:</p> <p>Deposit Account Number: 02-2666</p> <p>Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <div style="text-align: center; font-weight: bold;">FEE CALCULATION</div> <p>1. 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EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>30</td> <td>18.00</td> <td>0</td> </tr> <tr> <td>2</td> <td>3</td> <td>80.00</td> <td></td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater. For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>135</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table>	Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims	Extra Claims	Fee from below	Fee Paid	25	30	18.00	0	2	3	80.00		Multiple Dependent				Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	260	204	135	Multiple Dependent claim, if not paid		109	80	209	40	**Reissue independent claims over original patent		110	18	210	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)	<div style="text-align: center; font-weight: bold;">FEE CALCULATION (continued)</div> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature		Telephone	(503) 684-6200
		Date	06/20/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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PTO/SB/21 (12/97)
Approved for use through 9/30/2000. OMB 0651-003
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/374,502
		Filing Date	August 13, 1999 JUL - 5 2001
		First Named Inventor	Qing Ma TC 2800 MAIL ROOM
		Group Art Unit	2815
		Examiner Name	J. Fenty
Total Number of Pages in This Submission		Attorney Docket Number	42390P6623

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>- Check for \$110.00 - Return Receipt Postcard</p></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 20, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: June 20, 2001			
Typed or printed name	Deborah L. Higham		
Signature		Date	June 20, 2001

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